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A Nova Scotia Department of Lands and Forests fire pumper produces a hefty stream in the Port Mouton District of Queens County as Scouts of the First South Queens Troop receive instruction in a combined Department-Civil Defence training effort.

JULY - AUGUST 1960

Vol. 2 No. 9

31761116898511



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This is the final issue of "Civil Defence - Canada" which Information Services Division will have the privilege of editing. It is a task we relinquish reluctantly: this work has made us many new and good friends.

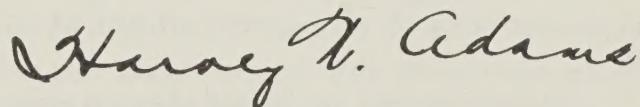
The magazine was first produced in May, 1951, as a means of keeping Civil Defence College students in touch with Civil Defence when they had returned to their own areas. The editor of "The Civil Defence Bulletin", as it was then known, was Miss M. J. Flynn who continued in this capacity until September, 1958. At that date, Mr. T.C. Rogers took over.

"Civil Defence - Canada" has apparently met a growing need. Today its circulation stands at 13,000 English and 3,500 French copies each issue. We are rather proud that over the years letters of complaint have been rare; letters of praise have been frequent. But then, this is as it should be.

Now seems an appropriate time to thank all of you -- all of you who have been our readers and, even more, all of you who have taken the trouble to send in editorial contributions. We are most grateful.

In turning this publication over to EMO, we shall not, of course, allow ourselves to lose touch with you. We shall certainly do our best to keep all of you informed on developments in Emergency Health, Emergency Welfare and the Civil Defence College. Similarly, we shall be reversing the process to keep abreast with what you are doing.

On behalf of all of us in Information Services, I wish you the very best for the future, both personally and in the very important work in which you are engaged.



Harvey W. Adams,
Director,
Information Services Division.

EMERGENCY WELFARE ORGANIZATION

by

P.H. Stehelin,
Chief,
Emergency Welfare Services Division.

During the last two years much thought and study has been given to the problem of providing adequate civil defence programs throughout Canada. The re-organization that has taken place is generally well known. Our purpose here is to suggest methods of organizing Emergency Welfare Services. This is very important because it is realized that survival and ultimate victory for us will depend to a great extent on the effectiveness of our Welfare Services.

The setting in which Welfare Services would have to be rendered in a nuclear war is difficult to visualize because of the vast number of homeless, the dead and the injured, and the disruption of our complex economic and social structure aggravated by deadly fallout. Such a situation makes it imperative that our operational welfare capabilities be built into the entire existing welfare structure.

When we examine methods of organization, three main requirements immediately suggest themselves:

- (1) The organization must be big enough to do the job;
- (2) It must be flexible in nature;
- (3) It must be capable of maintaining itself over many years to come.

It is suggested that the organization best able to meet these requirements is our government at all three levels.

Government is in existence now. Its authority is accepted, it has established lines of control and it has welfare as well as other services in being.

Besides being best able, it must bear responsibility for the protection of its citizens, their rehabilitation after any kind of disaster and the continuity of its own functions.

If this principle holds for total government, then surely the provision of life-saving welfare services in war must become a permanent function of welfare departments at all three levels.

As a result of studies and conferences between governments, this concept generally has been accepted and now responsibilities are to be shared by the three levels of government.

Federal duties were spelled out in the Civil Defence Order in Council (1959-656). By virtue of Sec. 4, the Department of National Health and Welfare is assigned the responsibility among others, of assisting the provinces, the municipalities and others in planning, organizing and operating emergency welfare services.

The provinces and municipalities carry the responsibility for planning, organizing, developing and operating these emergency welfare services. It is especially at the municipal level that evacuees and other victims of attack no matter where they come from, are actually going to be fed, lodged and given other survival care. It is at this level also that required action will be taken for the protection of local citizens.

But Government alone is not enough. The emergency welfare program will be dependent upon and must provide for the full and effective utilization of our entire welfare potential both private and public. The Federal Order in Council recognizes this when it states that assistance will be given to provinces, municipalities "and others".

FEDERAL RESPONSIBILITY AND ORGANIZATION

The Emergency Welfare Services Division of the Department of National Health and Welfare was created in January, 1960. The

Welfare section of the former civil defence organization was taken over by this Division. There is at present a staff of fourteen. Re-organization is not yet complete and it is hoped that more technical officers will be recruited to work more closely with the provinces and municipalities.

The Department plans to carry out its responsibility in the following manner:

- (1) Emergency Welfare policy will be developed, capable of application down to the municipal level throughout Canada. Welfare policies developed during the last ten years are in the main applicable today. Revision is of course necessary from time to time in order to keep up with changes in other fields.
- (2) Organization will be carried out in such a manner that the provinces will receive help in organizing and operating emergency welfare services in their municipalities. Planning assistance will be available as in the past. For example, Lodging Surveys have been carried out at federal expense in several provinces.
- (3) Welfare Specialist courses will continue to be given at Federal expense by Emergency Welfare Services Division. These courses are for key welfare people in the five welfare services. Priority will be given to those who carry a responsibility for emergency planning, such as the Directors of Municipal Welfare Services. Candidates in turn should carry out training in their home areas. Officers from the Emergency Welfare Services Division will be available to assist in field training upon request.
- (4) The development of operational welfare equipment is a Federal concern. Registration and Inquiry Kits have been developed and the provinces and municipalities have been urged to equip themselves operationally with these under provision of the Financial Assistance Program.

In the field of Lodging, the cards necessary to tabulate lodging space and the cards necessary to make placement in billets are available for production.

In the field of Clothing, the several forms required to operate a collection and distribution service have been produced. At present a prototype transportable sorting unit is being designed. This equipment would ensure the setting up of a clothing collection and distribution centre anywhere, in a short time.

In Feeding, a prototype emergency unit capable of feeding 200 persons per hour on a continuous basis has been developed. It is to be tested in the field by Emergency Feeding services and when all necessary changes and improvements have been made, it can be supplied for training and operational use, again under provision of F. A. P.

- (5) The preparation, production and distribution of public educational materials, pamphlets and leaflets is a Federal responsibility. More than two million copies of the pamphlet "Your Emergency Pack" have been produced to date. It is planned to reprint this and produce new ones on other subjects. In collaboration with Information Services Division, nine Welfare displays have been produced. They have been well received in the provinces and last year were exhibited at nine large exhibitions and professional conventions.
- (6) Assistance can be given in the preparation and conduct of various types of Welfare Services exercises. These are very necessary as they are the only means of testing an organization. Operational material has been developed and Officers can be sent to the field whenever necessary.
- (7) Emergency Welfare plans will be co-ordinated with emergency plans of other Government Departments and Agencies. A good example of this is the liaison carried out with the Federal Post Office Department in order to co-ordinate the respective roles of the two services from Federal down to the local Postmasters and Chiefs of Registration and Inquiry.

(8) Co-ordination of Welfare policies and procedures with the U.S.A. will continue. In an emergency there will be movement of population across the border either way. There will probably be an interchange of personnel and therefore it is important that policies, operational equipment and procedures be standardized as much as possible.

PROVINCIAL ORGANIZATION

The concept of placing responsibility for Emergency Welfare Services within government follows through to the provincial level. The main reasons for this are the following:

- (1) The Department is staffed by experienced welfare officers.
- (2) They understand the basic problems even though emergency welfare services may be slightly different in character than those services forming their peacetime programs.
- (3) They have an efficient field organization with knowledge of local conditions.
- (4) They have access to other Departments of Government whose services would be required by Welfare in an emergency.
- (5) Finally, in an emergency people in need would turn to them whether they liked it or not and they would have to assume leadership and control.

MUNICIPAL ORGANIZATION

At the municipal level the same principle of governmental responsibility and utilization of existing welfare resources applies with equal logic.

An organized and cohesive structure can be built around Municipal Departments of Welfare consisting of:

- (a) Independent agencies in towns and municipalities;
- (b) Business enterprises presently serving needs of the people;

(c) Professions which normally serve people.

These must be given responsibilities in survival planning because taken collectively their resources and competence in meeting the needs of people are vast and they are spread throughout our communities.

At the national level close contact is maintained with all organizations such as Red Cross, I.O.D.E., Salvation Army, The Association of Mennonites, Seventh Day Adventists, etc. There is contact with the professions of Social Work, Dietetics, Home Economics and their training faculties within universities. Contact is established with associations such as Hotelkeepers, Restaurateurs, Food Technologists and others. In business such persons as the food distribution experts of the big chain stores are consulted.

It is important that this type of liaison be pursued at the local level and assistance given to all such groups in developing their capabilities and encouraging them to accept assignments which will utilize these respective skills to the full.

In conclusion, we feel that we can now move forward on a well charted course. We know what wartime welfare services will be needed at provincial and municipal levels. There is agreement on how best we can organize to provide them and there is technical as well as financial assistance available.

Working together, if we aim high and plan well our people will respond favourably to our good organization and positive leadership. We will win their confidence and effectively prepare them materially and emotionally to face the shock of war. Surely in the final analysis the extent of our survival will depend on the ability of the individual and the family to save their own lives as well as on the ability of government to remain in being, effective and able to sustain and lead the people.

NEW MULTI-PURPOSE FALLOUT SHELTER

A Toronto firm, "The Safe-T-Freeze Company", has designed a multiple-utility fallout shelter for basement installation which incorporates a number of features for year-round use in other than emergency times.

In addition to the various facilities for use when the area is occupied primarily as a shelter, the design provides a large cold storage and locker room and a variety of equipment for a family fitness program.

Emergency Equipment

Included with the shelter are facilities for emergency cooking, eating and lighting in the event of the electrical supply being disrupted.

For sanitation, the shelter is equipped with standard seat toilet. This unit is not connected to local sewers and eliminates the use of all chemicals. Special insert bags are designed for immediate disposal through a chute in the wall, thereby providing complete disposal. Filtered air is available by hand pump if the electrical supply is eliminated: the filters have been approved by the Atomic Energy Commission.

Emergency sleeping accommodation is provided by folding wall bunks.

There are fire-proof entrance doors with removable safety hinges.

An emergency signal flag can be raised from inside the shelter to help C.D. wardens establish immediate contact with the occupants. There is also a whistle alarm which can be heard within a radius of three blocks to assist the C.D. wardens.

Each shelter has a serial number which will be designated at the firm's head office so that future improvements can be publicized to the customer through the media of periodicals and bulletins issued by the company.

The shelter also embraces a cold storage and locker room with approximately three hundred cubic feet for frozen foods. It is five feet by ten feet by six feet with shelves to facilitate storage. The freezer door is equipped with safety hardware to prevent children or grown-ups being locked inside. The emergency food ration may also be stored in this area.

The shelter area is adequate in size to encompass equipment for a complete family fitness program. This equipment consists of:

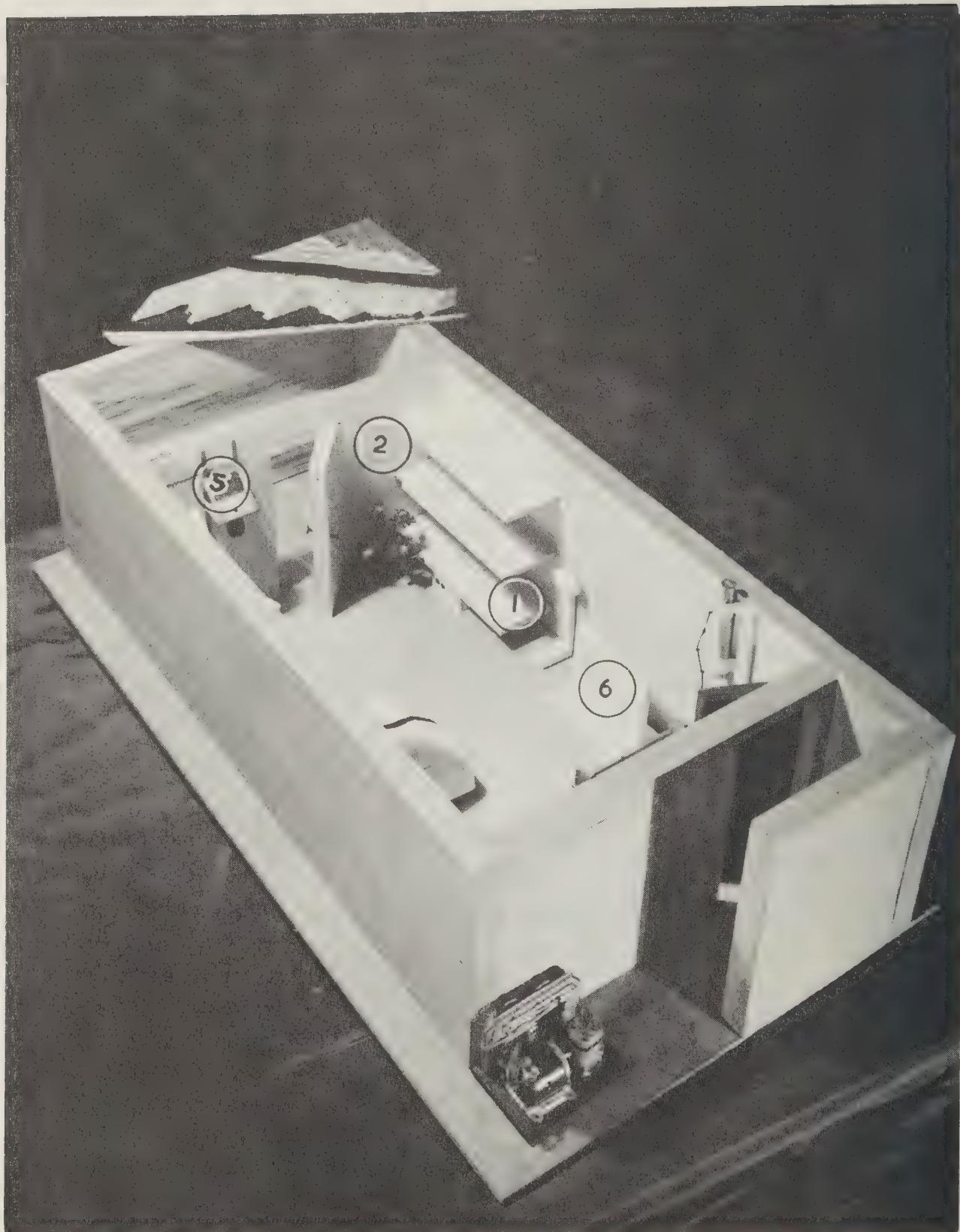
1. A motorized massage couch with controlled heat and pulsation for relaxation and passive exercise.
2. A sun lamp and goggles for general health improvement.
3. A combined wall and ballet bar for active exercise for both children and adults.
4. A six foot by seven foot gym mat for tumbling and prone exercises. This mat is comfortable enough to double for emergency sleeping accommodation.
5. A punching bag and bracket for relief of tension and for muscle toning. This is adjustable in height for young or old.
6. A stationary bicycle for leg fitness and muscular relaxation.
7. A wall pulley (spring type) for shoulder, arm and chest development.
8. A motorized belt massage unit for spot reducing.

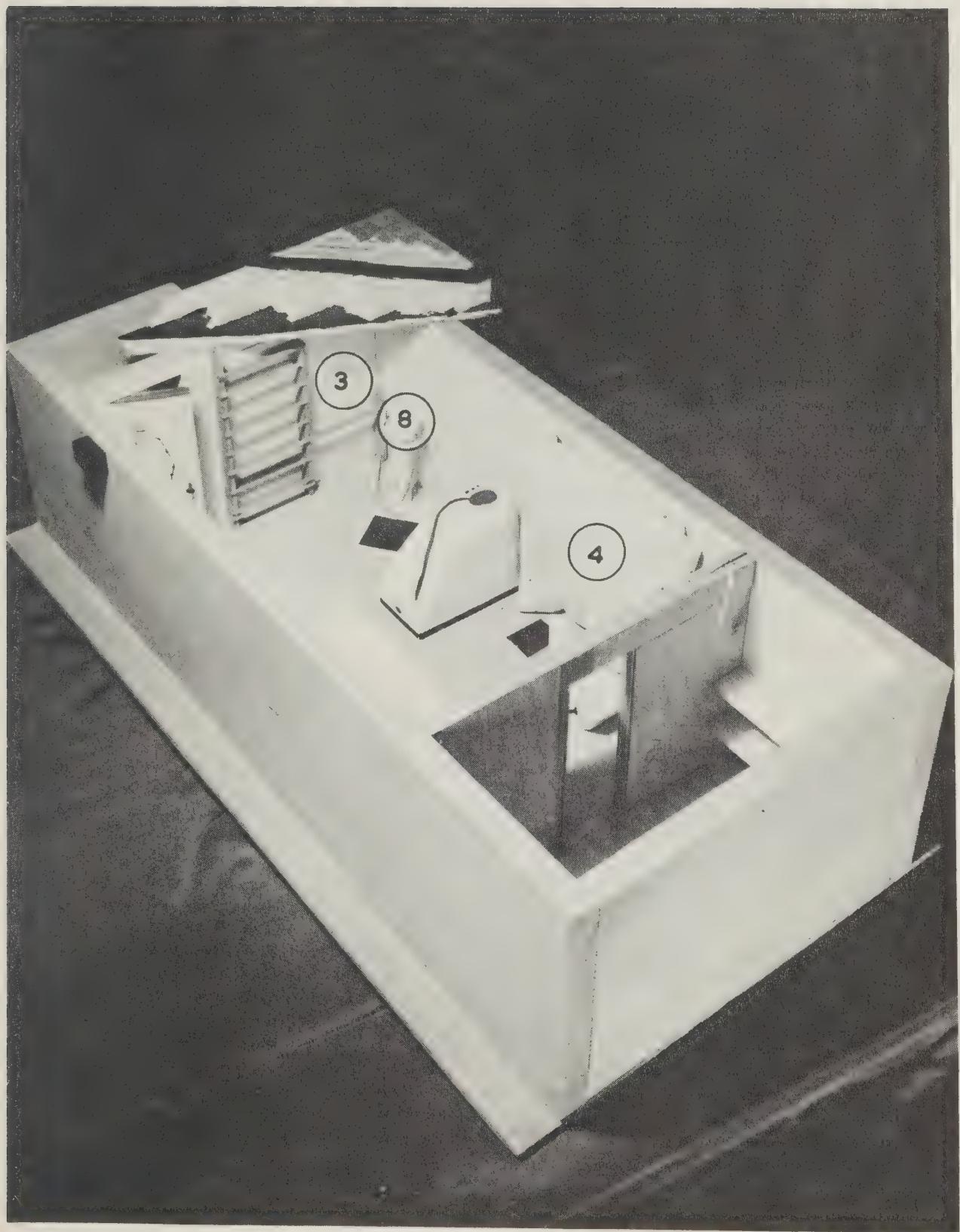
(for pictures see page 10-11)

Optional equipment for a larger shelter (No. 3) for special application according to individual preference. This includes a combination rowing machine-slant board, a steam cabinet and a set of medical scales.

The protective properties of the above fallout shelter have been reviewed and approved by the Emergency Measures Organization.

While this shelter differs considerably from the austere minimum-cost shelter which is the subject of a government pamphlet,





both shelters give essentially the same protection. However, the Safe-T-Freeze shelter does offer certain features which, while increasing the cost, may well prove attractive to many householders.

REVISED WELFARE PRECIS

Due to changes in policy in the re-organization of civil defence, certain Welfare precis have been revised. Supplies of these will be available soon from each provincial civil defence office.

The revised precis are:

WEL-EF-1 Responsibility of Emergency Feeding

WEL-EF-3 Food For Emergency Feeding

WEL-EF-7 Organization Of An Emergency Feeding Program

WEL-EL-1 Introduction to Emergency Lodging

WEL-EL-2 Survey of Lodging Resources

WEL-EL-3 Matching Factors in Emergency Lodging

WEL-EL-4 Organization of Emergency Lodging in a Reception Area

WEL-EL-5 The Emergency Lodging Operation in a Reception Area

WEL-EL-6 Emergency Lodging Planning in Target and Reception Areas.

DEPARTMENT OF LANDS AND FORESTS MAKE BIG CONTRIBUTION

It appears that co-operation between the Department of Lands and Forests of Nova Scotia and Queens County Civil Defence will produce an Auxiliary Fire Department in Port Mouton District.

The First South Queens Boy Scout Troop recently received instruction in the operation of a portable fire pumper of the type used by the Department of Lands and Forests from Gordon Minard, Provincial Forest Ranger of Milton.

Mr. Minard will carry out further instructional periods and will then supply the District with the pump, 2,000 feet of hose, some back tanks and other tools to be used in the event of a forest or building fire in the District.

Following the completion of the Department's instruction, the Scouts will receive instruction in the use of the Civil Defence Fire Pumper.

Rev. Robert Hutcheson, Scoutmaster, is also Civil Defence representative in Port Mouton and was most active in the formation of this group. All senior scouts will be enrolled in the Civil Defence Auxiliary Fire Department.

This marks a new approach in formation of Auxiliary Fire Departments throughout the County and the co-operation of the Department of Lands and Forests and the Boy Scouts has been excellent.

COURSE SCHEDULES

The following is the schedule of courses to be conducted at the Canadian Civil Defence College during the period August to December, 1960. It should be noted that the courses listed, and the total number of vacancies shown, are provisional and are subject to confirmation in Canadian Civil Defence College Training Instructions subsequently issued for each course.

<u>DATES</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>COURSE VACANCIES</u>
22 Aug-16 Sept	463	Civil Service Commission Conference	
12-16 Sept	464	Not yet allocated	
12-16 Sept	465	Not yet allocated	
19-23 Sept	466	Communications Officers'	35
19-23 Sept	467	Health	50
19-23 Sept	468A	Rescue Instructors' (Part A)	48
26-30 Sept	469	Welfare (Emergency Feeding)	35
26-30 Sept	470	Staff (Orientation)	40
26-30 Sept	468B	Rescue Instructors' (Part B)	48
3 - 7 Oct	471	Mayors' Conference	60
3 - 7 Oct	472	Techniques of Instruction	20
3 - 7 Oct	468C	Rescue Instructors' (Part C)	48
11-14 Oct	473	Health Conference	110
17-21 Oct	474	Health	60
17-21 Oct	475	Radiological Defence	20
17-21 Oct	476A	Rescue Instructors' (Part A)	48
24-28 Oct	477	Welfare (Registration & Inquiry)	40
24-28 Oct	478	Staff (Orientation)	40
24-28 Oct	476B	Rescue Instructors' (Part B)	48

31 Oct-4 Nov	479	Staff (Orientation) French	40
31 Oct-4 Nov	480	Fire and Police Radiological	40
31 Oct-4 Nov	476C	Rescue Instructors' (Part C)	48
7 - 10 Nov	481	Mayors' Conference	100
7 - 9 Nov	482	Department of Transport Telecommunication Officers	25
14-18 Nov	483	Physicians and Dentists	60
14-18 Nov	484	Radiological Defence	25
14-25 Nov	485	DND Rescue Instructors	48
21-25 Nov	486	Staff (Orientation) French	40
21-25 Nov	487	Techniques of Instruction	25
28 Nov-2 Dec	488	Health	60
28 Nov-2 Dec	489	Staff (Orientation)	40
28 Nov-2 Dec	490	Not yet allocated	20
5 - 9 Dec	491	Welfare (Personal Services)	40
5 - 9 Dec	492	Staff (Plans)	40
5 - 16 Dec	493	DND Rescue Instructors	48
12-16 Dec	494	Not yet allocated	30
12-16 Dec	495	Staff (Operations)	40

NATIONAL SURVIVAL

Major-General F.F. Worthington, former Federal Civil Defence Co-ordinator, recently contributed to Saturday Night (May 28, 1960) a comprehensive seven page article entitled "Pattern For Survival".

The information covers the recent re-organization in Civil Defence planning and together with the General's comments, make a concise contribution to Civil Defence in Canada.

FORMS DEVELOPED BY EMERGENCY WELFARE SERVICES

The following four forms have been developed for training purposes, and samples have been sent to each province:

- (1) Clothing, Open Stock - Stock Return
- (2) Clothing, Ready Stock - Stock Return
- (3) Clothing Issue Voucher
- (4) Lodging Assignment Card

Further supplies of the forms will be issued later to provinces.

These forms have been translated into French and will be produced when required. In the meantime, English samples have been sent to the Province of Quebec.

THE EMERGENCY HEALTH SERVICES PROGRAM

Col. E.J. Young *, C.D., M.D., D.P.H.

Civilian Emergency Health Services

Civilian emergency health services are the successors to Civil Defence Health Services. Civil Defence is only one aspect, although a major one, of civilian emergency health services. In addition to the health aspects of Civil Defence they are concerned with planning for the continuity of essential health functions in civil emergency governments and with the health needs of the Canadian people during the long process of rehabilitation following the immediate post-attack or survival period.

History

Following the transfer in 1951 of the responsibility for Civil Defence from the Department of National Defence to the Department of National Health and Welfare, a Civil Defence Health Planning Group was formed within the Department. This group studied the health problems associated with the major threat of that time, namely the relatively small atomic bomb. In these studies the working party technique was used extensively, problems being referred to working parties the members of which were authorities in the subject being studied. Information obtained by this and other means was disseminated to members of the health professions by means of manuals, pamphlets, courses, and by conferences and institutes which were held across the country. The advent of the large nuclear weapon in 1954 made necessary a revision of the original material and of the Civil Defence Health Services program. This revision of material is still continuing and sections of a revised health services manual have and are being published as they are completed.

Last year (1959) a new Civil Defence Order-in-Council was published. This divided responsibility for Civil Defence among several departments of government, leaving with Health and Welfare responsibilities in the health, welfare, and training fields. With the

* Chief, Emergency Health Services, Department of National Health and Welfare, Ottawa.

coming into effect of the new Civil Defence Order-in-Council in September, 1959, Civil Defence Health Services became Emergency Health Services Division with new and much more comprehensive terms of reference.

Responsibility For Emergency Health Services

The present proposals with regard to emergency planning were placed before federal and provincial ministers in April, 1959, and discussed again in a subsequent meeting in early October.

The proposals with regard to health services were as follows:

(1) Provincial Health Tasks --

Among the provincial tasks were included "organization and control of medical services, hospitals (including emergency hospitals) and public health measures";

(2) Responsibility of the Department of National Health and Welfare --

The task for the Department of National Health and Welfare was "provision of advice and assistance to the provinces in connection with their organization of medical services, hospitals, and public health measures".

1959 Civil Defence Order-in-Council

A Civil Defence Order-in-Council was promulgated in May, 1959, setting out the responsibility of federal agencies with regard to survival planning and this indicated that the Minister of National Health and Welfare shall have and exercise the following civil defence powers, duties, and functions:

(1) Assistance to provincial and municipal governments and to others in connection with the organization, preparation and operation of:

(a) Medical, nursing, hospital, and public health services;

- (b) Services to provide emergency accommodation, emergency feeding, emergency supplies, guidance and welfare assistance for persons who have lost or left their homes because of acts of war or apprehended acts of war;
- (c) Maintenance and operation of the Civil Defence School at Arnprior, Ontario.

Relationship To Other Federal Agencies

In developing emergency health services plans, these functions and responsibilities have to be related to those of other federal agencies with particular reference to the role of the Department of National Defence and also must consider the tasks which have been proposed as assignments for the provinces.

Constitutional Basis For The Assignment Of Health Tasks

It should be noted that the relationship between the civil defence tasks given to the Federal Emergency Health Services and those proposed for provincial emergency health services is basically the same as that which pertained between Federal and Provincial Civil Defence Health Services in earlier planning in that it follows the constitutional pattern that health falls within the purview of provincial governments. This also fits in with the organizational structure of our professional and voluntary health agencies as these associations have a national body with provincial branches or divisions.

Additional Responsibilities Of Emergency Health Services

However, with these new proposals, the area of responsibility for emergency health services has been greatly increased in that civil defence plans were restricted to the immediate post-disaster period while the present include:

- (1) A sharing of responsibility with the Canadian Forces Medical Service during the immediate post-disaster period, but with the civilian organization continuing to assume the responsibility for the major part of this effort;

- (2) The emergency health services arrangements which would be required for the rehabilitation period and for the duration of a war emergency;
- (3) The health service arrangements for emergency government.

Emergency Health Services Arrangements For The Survival Period

This was the period covered by earlier Civil Defence plans. However, the reorganization of Civil Defence gave an important role to the Armed Services in this immediate post-disaster period and emphasized the need for civilian emergency health services to work closely with the Canadian Forces Medical Service.

Basic Principles Of Earlier Civil Defence Health Planning

Basic principles associated with the early concept for Civil Defence Health Services were three, namely:

- (1) Flexibility;
- (2) Emphasis on mutual aid and mobile support;
- (3) Shortage of personnel and facilities make complete mobilization of resources essential.

Working Party Technique

The original plans were developed by a series of Working Parties in close consultation with the medical services of the Armed Forces and representatives of professional and voluntary health agencies.

Necessity to Reconvene Working Parties

Because this technique was used, it is likely that these same basic principles will still be valid, but there will be a need to restudy the arrangements in order to dovetail the activities of the Canadian Forces Medical Service with those of civilian emergency health services.

Interdepartmental Medical Co-ordinating Committee

An interdepartmental committee composed of representatives from the Departments of National Defence, Veterans Affairs and National Health and Welfare, has been set up to co-ordinate federal health service planning. However, it is emphasized that the responsibility for initiating planning at the federal level rests with the Department of National Health and Welfare and our role, in turn, is to assist the provinces in the implementation of the program.

Role of the Canadian Forces Medical Service

Prior to the formation of the interdepartmental committee, discussions had been held by officials of the Department of National Health and Welfare with officers of the Canadian Forces Medical Service as to the interpretation to be placed on the portion of the Civil Defence Order-in-Council which assigned to the Department of National Defence the responsibility for rescue and first aid in the disaster area. It was agreed that, while this did not assign a medical care task to the Canadian Forces Medical Service, this service should be prepared to sort, classify, and provide primary treatment to casualties in the area controlled by the Armed Services. This agreement was subject to the following conditions:

- (1) That the overall responsibility for the management of civilian casualties in the post-attack period belongs to provincial and municipal health authorities with assistance from the federal Department of National Health and Welfare;
- (2) That while the military medical services may control the sorting, primary treatment, and evacuation of casualties in the areas which are under military control, that they will require assistance and support in these areas from the Civilian Emergency Health Services; that there is a continuing need for provincial and municipal health authorities to organize, train, and equip health units to operate in the area under military control, although the number of these units will probably be less than presently planned;
- (3) In order that civilian emergency health services and the Canadian Forces Medical Service may make the maximum

use of health resources, their planning must be closely and continually co-ordinated at both federal and provincial levels.

Consideration of Role of Canadian Forces Medical Service by Interdepartmental Committee

One of the first tasks of the Interdepartmental Medical Committee was to study the Civil Defence Order-in-Council and the proposed role of the Canadian Forces Medical Service in survival operations. It was felt that adoption of the proposals given above represented an important initial step in the establishment of principles for the effective use of military and civilian health resources. This Interdepartmental Committee will deal with other features which relate to co-ordination of medical services.

Other Subjects Requiring Consideration by the Interdepartmental Committee

Some other subjects for early consideration by the Interdepartmental Committee are:

- (1) General policy with regard to federal hospitals;
- (2) The role of civilian emergency health services in the field of radiation protection;
- (3) The development of a uniform pattern for health services required by the armed services and Civil Defence with consideration of the part that the Department of Veterans Affairs would play in the program;
- (4) Storage and distribution of health supplies;
- (5) General principles of training.

Functional Areas of Civil Defence Health Services

In the past when considering Civil Defence Health Services, it has been convenient to divide the work into four functional areas, namely:

- (1) Medical services, which included:

- (a) First aid and home nursing arrangements;
- (b) Primary treatment services;
- (c) Hospitals (existing and improvised);
- (d) Emergency blood services;

- (2) Public health in all its aspects;
- (3) Health aspects of special weapons;
- (4) Medical supplies.

Continuing Requirement For Primary Treatment Services

Primary Treatment Services consist of Advanced Treatment Centres and Casualty Collecting Units. With regard to Advanced Treatment Centres which are concerned with sorting and primary treatment, it is considered that there is a continuing requirement for these units to support field ambulances in military areas, for use by civilian authorities in the event of natural disaster, and possibly for use in disaster areas in which military forces are not available. A continuing role of Casualty Collecting Units would appear to be more doubtful. Casualty Collecting Units are essentially first-aid units which take over casualties from rescue workers and evacuate them to A.T.C.'s. At present, civilian rescue teams, although trained in first aid, expect to turn their casualties over to Casualty Collecting Units in the disaster area. This would seem to be at variance with the principle that troops rescuing casualties provide the first aid in the disaster area and evacuate them to the field ambulance company. This is the first area which require examination by civilian Emergency Health Services and the Canadian Forces Medical Service and studies are in progress.

Requirement For Public Health Engineering Teams In Disaster Areas

Another area where civilian assistance may be required will be for assistance by public health engineers in connection with the clause in the Civil Defence Order-in-Council which assigns to the Department of National Defence responsibility for direction of municipal and other services for the maintenance and repair of water and sewage systems in seriously damaged or contaminated areas.

Necessity For Further Study By Working Parties

The program outlined above under functional areas was developed by a series of working parties. Many of the former working parties will be reconvened and additional ones formed to restudy the situation in the light of recent proposals.

Continuation of Other Civil Defence Functions of Emergency Health Services

The above has stressed the areas in which there is a mutual interest of other governmental health services besides the Emergency Health Services. There are other parts in the program of Emergency Health Services in the old areas of Civil Defence where there is little or no change. Thus, in the hospital field, problems connected with the provision of hospital beds following a nuclear disaster remain unchanged. The development of an Emergency Blood Service is a continuing requirement. Most of the public health problems remain. In the health supplies field, while there may be modifications and additions to the stockpile, the types of material remain substantially unchanged. There remains the need for training of the general population in first aid, home nursing, and fundamentals of hygiene and sanitation.

Emergency Health Services Arrangements For The Period Following The Immediate Post-Attack Period, The Rehabilitation Period, And For The Duration Of The War Effort

This represents a relatively new area of planning which in magnitude is at least as great as all of the areas originally assigned to Civil Defence Health Service.

Let me explain this statement by using two examples, namely, health supplies and professional and lay health personnel. In our planning for Civil Defence we were concerned with the medical supplies which would be required for a period of about three weeks following an incident or series of incidents. We now have to think of the essential health supplies required by the total population for the duration of the war emergency. Similarly, in the earlier planning of Civil Defence Health Services, consideration was only given to the professional and lay personnel required during the acute phase,

whereas now we will need to emphasize the arrangements needed to look after acute and chronic illness in improvised situations and the public health measures required to maintain the health of the Canadian people during the period of the emergency. These are only two examples of the increased responsibilities which have been assigned to civilian emergency health services.

Health Services Arrangements For Emergency Government

This is a comparatively new area of planning. The federal Department of National Health and Welfare is required to make plans for the discharge of its wartime functions in an emergency government. The federal Emergency Health Services works closely with Emergency Measures Organization and this organization uses the Department of National Health and Welfare as its health advisor. It would appear that provincial health departments will be asked to serve in a similar capacity.

Steps Taken And Plans For The Development Of An Emergency Health Services Program

Since the reorganization of Civil Defence and the development and greater activity of the Emergency Measures Organization, the following events in the civilian emergency health field have occurred.

- (1) As already stated at the federal level an Interdepartmental Medical Committee has been established. In addition there has been increased liaison between officers of the Canadian Forces Medical Service and health officials of the Department of National Health and Welfare.
- (2) At the last meeting of the Dominion Council of Health in October, 1959, the proposed federal and provincial emergency health responsibilities were discussed with provincial deputy ministers of health.
- (3) In the latter part of November a National Conference on Emergency Health Services was held at the Civil Defence College at Arnprior. This conference was attended by representatives from all provinces, of national, professional health organizations and agencies, of medical and dental services of the Department of National Defence, of other federal government departments with health

interests and by members of the Defence Medical and Dental Services Advisory Board.

Nature of the Conference

The first day and a half of this meeting was spent in briefing the delegates and the remaining day and a half in syndicate and general discussions. A report of the proceedings of this conference has been compiled and has been sent to those who attended the conference. The findings and recommendations of this conference are being studied by Emergency Health Services and are most useful to us in our present planning.

Plans For The Development of Emergency Health Services Staffing Patterns

At the federal level it has been found that a full-time staff is required to develop a Civil Defence or Emergency Health Services program. At the conference a staffing pattern was suggested to provinces. Syndicates indicated their agreement with these proposals. They also agreed that there should be advisory committees to support the permanent staffs and for the necessity for close liaison of provincial emergency health services with provincial officers of the Emergency Measures Organization, with the appropriate civil defence organization and Canadian Forces Medical Service staff.

Use of Existing Health Facilities

It is considered that the provincial emergency health services should preferably be an organization within the provincial department of health.

At the federal level, in addition to the staff of the unit itself full use is made of other special health services. For example, the Laboratory of Hygiene advises on laboratory arrangements, Epidemiology assists with the epidemiological program, and Public Health Engineering is concerned with sanitary arrangements. This type of arrangement works well at the federal level and it is suggested that provincial and possibly local planners may wish to consider a similar arrangement.

Federal Financial Assistance

It is hoped that provincial and municipal emergency health services will be developed without delay where they do not presently exist and that existing Civil Defence Health Services organizations will be strengthened. Health projects, including the payment of staffs, will be considered under the financial aid program whereby the federal government pays 75% and the provincial and municipal governments 25%. Formerly, aid was provided on a 50/50 basis. However, it must be emphasized that health services must make their needs known and must put their project through the proper channels. The provincial projects, after approval by the provincial minister in charge of Civil Defence, are passed through the Civil Defence Co-ordinator to the provincial E.M.O. Planning Officer who forwards it to the Emergency Measures Organization. Health projects are referred by E.M.O. to Emergency Health Services for comments before being approved as part of the provincial project.

Federal Health Courses

At the conference, the syndicates recommended unanimously that present Emergency Health Services courses should be continued and requested that additional courses in fields such as public health should be added. Consequently federal Emergency Health Services will endeavour to continue and, if necessary, add to the course which it conducts at the Civil Defence College in Arnprior.

Consultive Services

As mentioned earlier, many of our working parties are to be reconvened. As subjects are studied and manuals revised, this information will be disseminated as required. In the special weapons field which is concerned with the health aspects of nuclear, biological, and chemical warfare, our Special Weapons section will continue its close association with appropriate panels and directorates in the Department of National Defence and other government departments and agencies with the objective of having common standards and providing the maximum protection to both civilian and military personnel. This section will continue to collect and disseminate information to provinces and others in its special field.

Health Supplies Stockpile

Health supplies have been received to the value of approximately \$6 millions. Several additional millions of dollars are encumbered to pay for health supplies on order. These supplies are presently being packaged for long-term storage. As the depots which are being built by the Department of National Defence for the storage of their medical stores and for emergency health supplies are completed, the stockpile will be distributed to these regional depots. These stores will then be more accessible for operational use if they are required.

Training Supplies for Emergency Health Services

Training supplies, such as home nursing training kits, are already in use by the provinces. Other supplies are available. Sixteen training and demonstration improvised hospitals are on order and these hospitals will be available to provinces when they are received and assembled provided the province has an organization to look after them.

CONCLUSION

In conclusion, the arrangements which have been proposed for civilian emergency health services have been described. It has been proposed that the major responsibility for the organization and operation of these services belongs to provincial and municipal governments with assistance from the Department of National Health and Welfare. It has been agreed that the Canadian Forces Medical Service should command and control the sorting and early treatment of casualties in the areas which are under military control. It has been indicated that civilian emergency health services have additional responsibilities to those formerly assigned to Civil Defence Health Services. The health problems likely to be present in Canada following a nuclear attack are tremendous and if the challenge is to be met plans must be made without delay for the mobilization and deployment of the health resources of the nation.

(Medical Services Journal - Canada, April 1960 issue)

DEMONSTRATION MOBILE FEEDING UNIT

A prototype of a simple mobile feeding unit for training and display purposes has recently been completed by Emergency Welfare Services. The Unit was developed to show communities the mobile equipment they would require in time of disaster to prepare and serve a simple emergency type meal to 200 people per hour on a continuing basis. It can be used to temporarily feed isolated groups of people where normal feeding facilities are not available. A team of six persons can operate the unit, and all equipment can be transported in a one-ton truck.

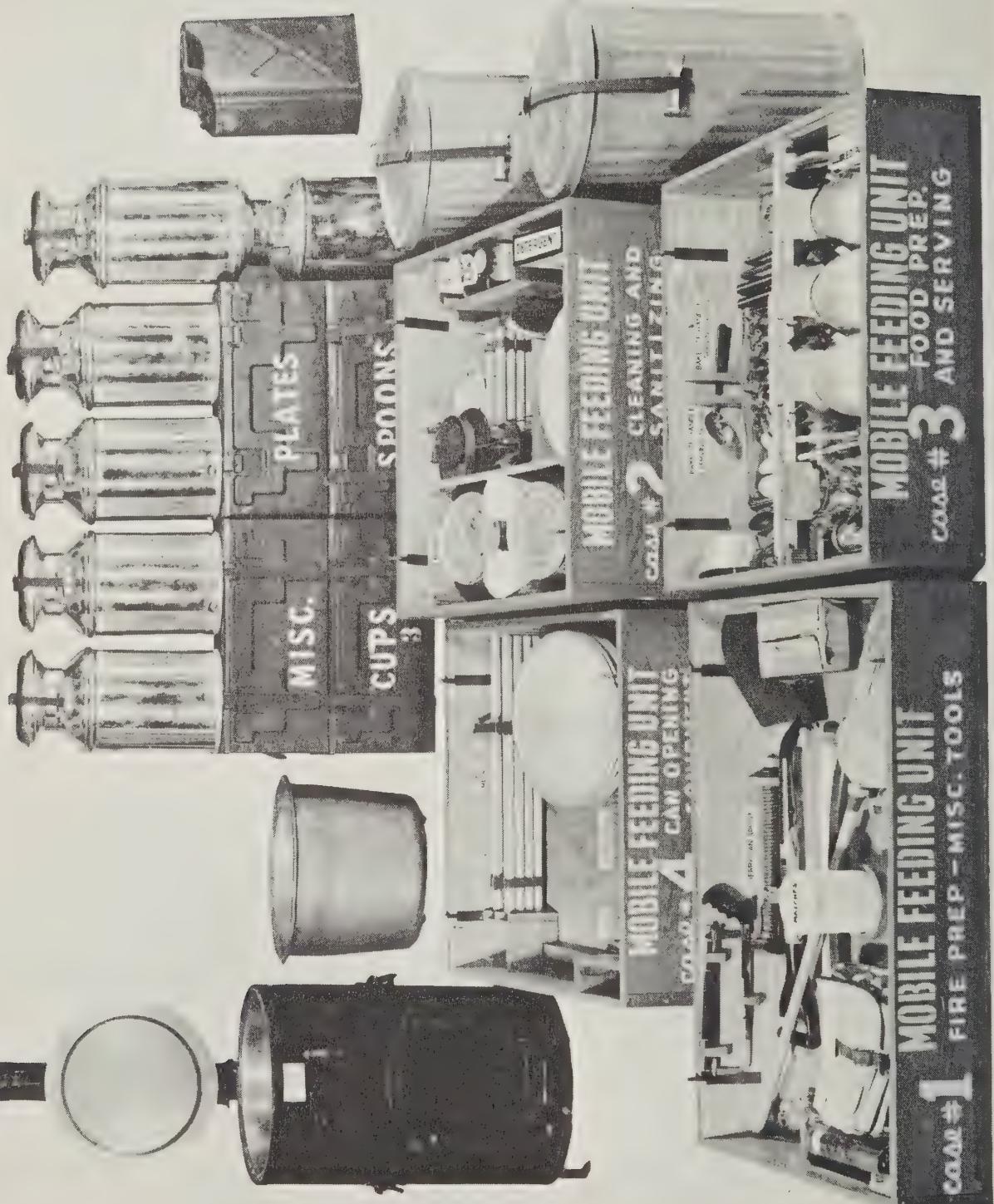
The unit is self-contained with the exception of food and fuel supplies - which can be obtained at the local site of operation. There are milk cans for carrying water; general purpose tools and items for lighting fires; small and large equipment for food preparation, cooking and serving; can opening equipment; paper eating utensils; garbage cans; and supplies for washing utensils and for general cleaning. The packing boxes have been designed to supply additional work table space.

A book of detailed instructions, diagrams, and photographs explaining the purpose and operation of the unit has been sent to each province. The Unit will be fully tested in the field before a decision is reached on its final design.

A photograph of the complete Unit is shown (see page 30 for detail). It indicates how the equipment has been packed in functional units. This special packing job is necessary for the prototype display unit and for shipping purposes, but is not essential for operational use. Any community could assemble in one place or have "ear-marked" from various sources in the area, equipment similar to that included in the Mobile Feeding Unit. For local use it would then only be necessary to pack the small items quickly into boxes and to transport the entire equipment in a truck to the site required.

Details regarding the type and amount of equipment included may be obtained from each provincial civil defence office.

MOBILE FEEDING UNIT



CIVIL DEFENCE DISPLAYS

Additional displays have been added to the stock available and adaptation and conversions have been carried out to several displays which were declared obsolete due to changes in government policy. As of June, 1960, the following displays are available for loan from Information Services Division, Department of National Health and Welfare: -

FORMER DISPLAYS HAVE BEEN RENUMBERED AS FOLLOWS:

FORMER CD NO.	NEW NO.	NAME	NO. OF CRATES
2	H & W 1	Welfare	12
22	H & W 2	Advance Treatment Centre	3
23	H & W 3	Emergency Welfare Services	4
24	H & W 4	Home Nursing	4
25	H & W 5	Your Emergency Pack	5

NEW DISPLAYS PRODUCED SINCE THE AUTUMN OF 1959

H & W 6	Emergency Feeding	4
H & W 7	Family Preparedness For Survival	10
H & W 8	Plan Today To Survive Tomorrow	3
H & W 9	Personal Services	4

Bookings for these displays are heavy and application for loan should be made as early as possible.

A display catalogue is in production giving full details on the displays. It will be distributed to the Provinces as soon as it is available.

"30" The Closing Symbol

It is usually with satisfaction that an editor affixes "30" to the last article of an issue or story. In our case it is with regret because of the many little incidents and happenings which have occurred during our stewardship of this publication . . .

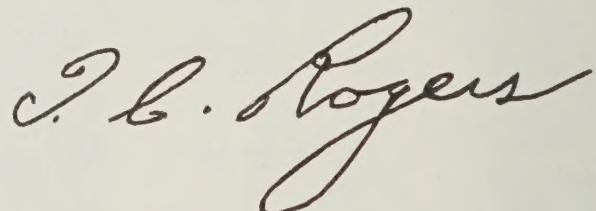
From the "Why don't you publish?", "What happened to that story we sent in?" to (believe it or not) "That wasn't a bad issue", we have enjoyed every minute of coaxing out the issues by which the development of Canadian Civil Defence has been unfolded.

In the beginning it was a means of keeping CD College graduates in touch with newsworthy events and incidents along the Civil Defence front. As the many excellent provincial and municipal bulletins appeared "Civil Defence - Canada" changed its content and format to present international and national developments plus technical advances to its readers.

It never could have happened however, without the material volunteered and sent in by hundreds of helpful contributors . . . all these plus many more made editing a pleasant chore.

Now with the changes in Civil Defence organization , we are passing the publication across to the Emergency Measures Organization in the knowledge that information on National Survival will still continue to reach you . . .

Thanks, good luck and "30".



Editor,
"Civil Defence - Canada".



Produced for Civil Defence by Information Services Division
Department of National Health and Welfare by Authority of the Minister

The Honorable J. Waldo Monteith

Editor: T.C. Rogers

Director of Information Services: Harvey W. Adams

Published Bi-Monthly